

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**  
*See "Instructions for Service of Process by U.S. Marshal"*

PLAINTIFF <b>United States of America</b>	COURT CASE NUMBER <b>16-01695</b>
DEFENDANT <b>BETH COLEMAN</b>	TYPE OF PROCESS HANDBILL

**SERVE  
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

**BETH COLEMAN**

ADDRESS (Street or RFD, Apartment No., City, State and ZIP code)

**112 North Elmira Street Athens, PA 18810**

SEND NOTICE OF SERVICE COPY OF REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	
<b>KML Law Group, P.C.</b> <b>701 Market</b> <b>Suite 500</b> <b>Philadelphia, PA 19106</b>	Number of parties to be served in this case	
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers and Estimated Times Available for Service)

Please post premises by **3/19/2017** **ASAP**

Signature of Attorney other Originator requesting service behalf of: <input type="checkbox"/> DEFENDANT	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER <b>215-627-1322</b>	DATE <b>2/14/17</b>
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY— DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <b>1</b>	District of Origin No. <b>67</b>	District to Serve No. <b>67</b>	Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i>	Date <b>7/6/2017</b>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date  
**4-11-17** Time  
**3:00** ☐ am ☒ pmSignature of U.S. Marshal or Deputy  
*[Signature]*

Service Fee <b>\$220-</b>	Total Mileage Charges including enclaves <b>\$114.24</b>	Forwarding Fee <b>—</b>	Total Charges <b>\$334.24</b>	Advance Deposits <b>—</b>	Amount owed to U.S. Marshal or (Amount of Refund) <b>\$0.00</b>
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REMARKS: **1 DUSM; 4 HOURS; 204 MILES R/T**

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

**FILED**  
**HARRISBURG, PA**Form USM-285  
Rev. 12/80

APR 13 2017

*VK*